DEPARTMENT OF THE ARMY

APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT

For use of this form, see AR 215-3; the proponent agency is OACSIM

BEFORE COMPLETING THIS FORM, READ PRIVACY ACT STATEMENT (PAGE 4)

INSTRUCTIONS

All appointments are made subject to a satisfactory character investigation. Appointment made to positions in offices where cash is handled may be subject to fidelity bonding investigation. The information contained herein will be treated as confidential. The receipt of this application does not imply a promise of appointment.

FOR USE OF PERSONNEL OFFICE ONLY

RATING:

POSITION TITLE _____

SERIES & GRADE _____

☐ ELIGIBLE ☐ INELIGIBLE

INITIALS OF RATER _____ DATE _____

POSITION TITLE _____

SERIES & GRADE _____

TYPE OR PRINT IN INK - ANSWER EVERY QUESTION CLEARLY AND COMPLETELY.

1. POSITION APPLIED FOR OR ANNOUNCEMENT NO.	2. SALARY	3. LOCATIONS IN WHICH YOU WILL ACCEPT EMPLOYMENT

4. WILL YOU ACCEPT			5. DATE YOU WILL BE AVAILABLE FOR EMPLOYMENT	6. HOME PHONE	6a. ALTERNATE PHONE
a. FULLTIME EMPLOYMENT	☐ YES	☐ NO			
b. TEMPORARY EMPLOYMENT	☐ YES	☐ NO			
c. PART-TIME EMPLOYMENT	☐ YES	☐ NO			
d. ON-CALL EMPLOYMENT	☐ YES	☐ NO			

7. NAME *(Last, First, Middle, (Maiden if any))*

8. ADDRESS *(Street, City or Post Office, State) (Include ZIP Code)*

9. PLACE OF BIRTH *(City & State)*	10. DATE OF BIRTH *(Year, Month, Day)*	11. SOCIAL SECURITY NUMBER

12. ARE YOU A CITIZEN OF THE UNITED STATES *(If "NO", write the name of the country of which you are a citizen and give Alien Registration Number)* ☐ YES ☐ NO

13. HAVE YOU EVER BEEN EMPLOYED BY A NONAPPROPRIATED FUND ACTIVITY *(If "YES", you must give complete information concerning this employment in Item 15-WORK EXPERIENCE)* ☐ YES ☐ NO

14. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE UNITED STATES MILITARY SERVICE *(If "YES", complete items below and attach a copy of last DD Form 214)*

☐ YES ☐ NO

a. IF PRESENTLY IN THE MILITARY SERVICE, INDICATE RANK, ASSIGNED ORGANIZATION, AND ESTIMATED DATE OF RETIREMENT, SEPARATION, OR ROTATION.

b. IF NOT PRESENTLY IN THE MILITARY, WERE YOU DISCHARGED UNDER HONORABLE CONDITIONS *(If "NO", give details under item 25)* ☐ YES ☐ NO

c. DATES OF ALL ACTIVE MILITARY SERVICE

FROM: TO: REGULAR RESERVE

BRANCH SERIAL OR SERVICE NUMBER GRADE

15. WORK EXPERIENCE

Start with present position and work back, include all periods of unemployment and, if more space is needed, continue on continuation sheet or separate sheet of paper.

DATES OF EMPLOYMENT *(Month, Year)* FROM _____ TO _____	TITLE OF POSITION	GRADE *(If applicable)*
SALARY *(Starting)* *(Final)* $ _____ PER _____ $ _____ PER _____	AVG HRS PER WEEK	NAME OF SUPERVISOR AND PHONE NUMBER
EMPLOYER *(Firm, Organization)*		ADDRESS *(Include ZIP Code)*

DESCRIPTION OF DUTIES

REASON FOR LEAVING

DATES OF EMPLOYMENT *(Month, Year)* FROM _____ TO _____	TITLE OF POSITION	GRADE *(If applicable)*
SALARY *(Starting)* *(Final)* $ _____ PER _____ $ _____ PER _____	AVG HRS PER WEEK	NAME OF SUPERVISOR AND PHONE NUMBER
EMPLOYER *(Firm, Organization)*		ADDRESS *(Include ZIP Code)*

DESCRIPTION OF DUTIES

REASON FOR LEAVING

DATES OF EMPLOYMENT *(Month, Year)* FROM _____ TO _____	TITLE OF POSITION	GRADE *(If applicable)*
SALARY *(Starting)* *(Final)* $ _____ PER _____ $ _____ PER _____	AVG HRS PER WEEK	NAME OF SUPERVISOR AND PHONE NUMBER
EMPLOYER *(Firm, Organization)*		ADDRESS *(Include ZIP Code)*

DESCRIPTION OF DUTIES

REASON FOR LEAVING

16. IF CURRENTLY EMPLOYED, MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT?

☐ YES ☐ NO *(If no state reason in item 25)*

17. REFERENCES *(List two persons NOT RELATED to you who can furnish information on your qualifications and character. Do not repeat names of supervisors listed under 15.)*

FULL NAME	BUSINESS OR HOME ADDRESS *(Complete current address) (Include ZIP Code)*	BUSINESS OR HOME PHONE	OCCUPATION

18.

NAME AND ADDRESS OF LAST SCHOOL ATTENDED	DATE ATTENDED FROM *(Mo, Yr)*	DATE ATTENDED TO *(Mo, Yr)*	YEARS COMPLETED	YEAR GRADUATED	TYPE DEGREE RECEIVED

CHIEF UNDERGRADUATE COLLEGE SUBJECTS	CREDIT HOURS

CHIEF GRADUATE COLLEGE SUBJECTS	CREDIT HOURS

OTHER TRAINING *(Indicate name of school, courses completed, dates, etc.)*

19. SPECIAL QUALIFICATIONS AND SKILLS *(List any special skills you possess, machines or equipment you can operate or foreign languages you speak.)*

APPROXIMATE NUMBER OF WORDS PER MINUTE	
TYPING	SHORTHAND

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS PAGE AND SIGNING.

A false answer to any question in this application may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your statement and is subject to investigation.

ANSWER ITEMS 20 THROUGH 24 BY PLACING AN "X" IN THE APPROPRIATE COLUMN	YES	NO
20. Within the last five years, have you been fired from any job for any reason? *(If answer to this question is "Yes," give details in Item 25. Show the name and address (include ZIP Code) of employer, approximate date, and the reasons in each case.)*		
21. Have you ever been denied bond? *(If "Yes," give details in Item 25.)*		
22. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law as a civilian, or during military service? *(You may omit: (1) Traffic Violations for which you paid a fine, and (2) Any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law.) If your answer to either question is "Yes," give details in Item 25. Show for each offense:* *(1) Date:* *(2) Charge:* *(3) Place:* *(4) Court:* *and (5) Action taken.*		
23. Are any of your relatives *(by blood or marriage):*		
a. Employed by a nonappropriated fund activity?		
b. Employed by the Federal government?		
c. Members of the military assigned?		
(If "Yes," list names, relationship, position, and organization in Item 25.)		
24. Do you receive or have you applied for retirement pay, pension, or other compensation based on military service, Federal civilian service, or nonappropriated fund service? *(If "Yes," give details in Item 25.)*		

25. **REMARKS** *(If more space is needed, use full sheets of paper approximately the same size as this page.)*

DATA REQUIRED BY THE PRIVACY ACT OF 1974

The information requested of you on this form is authorized by Title 5, United States Code 301 and Title 42, United States Code 410.

We need the information you put on this form to see how well your education and work skills fit you for a job, and for personnel actions after employment, such as promotion, transfer, and pay and leave entitlements. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed. We cannot determine your qualifications, which is the first step toward getting the job, if you do not answer these questions.

We must have your Social Security Number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

DATE	SIGNATURE OF APPLICANT